



## INSTRUCTIONS FOR SCHOOL DISTRICTS

### *Free and Reduced Price School Meals Application and Verification Forms, Single Child Expanded Format*

This packet contains:

**Required** information that *must* be provided to households:

- Letter to Households
- Free and Reduced Price School Meals Application

**Optional** application-related materials that *may* be provided to households:

- Cover Page
- Answers to Other Questions You May Have About Applying
- Sharing Information With Medicaid/SCHIP
- Sharing Information With Other Programs

Verification of eligibility information materials:

- Notification of Selection for Verification of Eligibility
- Letter of Verification Results
- Verification Tracker for School Use

The pages are designed to be printed on 8½" by 11" paper. Some pages may be printed front and back. You will need to identify the benefits that are offered in your school, such as afterschool snacks. **[Bold bracketed fields]** indicate where you need to insert your school district's specific information. If these materials have not been modified to include your State's name for Temporary Assistance to Needy Families (TANF), State Children's Health Insurance Program (SCHIP), or, if applicable, to add Food Distribution Program on Indian Reservations (FDPIR), you should insert this information as appropriate. If you make additional changes, you must submit your application package to the State agency for approval.

If you have questions, contact:

**[State agency address]**



**Lunch, Breakfast, Afterschool Snacks**

**[Insert School District Letterhead]**

Dear Parent/Guardian:

Children need healthy meals to learn. **[Name of School]** offers healthy meals every school day. Breakfast costs **[\$]**; lunch costs **[\$]**. Your child may qualify for free meals or for reduced price meals. Reduced price is **[\$]** for breakfast and **[\$]** for lunch.

To apply for free or reduced price meals, use the Free and Reduced Price School Meals Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: [name, address, phone number].**

*Here are answers to questions you may have about applying:*

**1. Who can get free or reduced price meals?** Children in households getting Food Stamps or TANF and most foster children can get free meals regardless of your income. Also, if your household income is within the limits on the Federal Income Chart, your child can get free or reduced price meals.

**2. Will the information I give be checked?** Yes, we may ask you to send written proof of the information you give.

**3. What if I stop getting Food Stamps or TANF?** If your child qualifies because you listed a Food Stamp or TANF case number, you must tell the school when you no longer get Food Stamps or TANF.

**4. What if my household size or income changes?** If your child qualifies for free or reduced price meals based on your income, you must tell us if your household size goes down or if your income goes up by more than \$50 per month (\$600 per year). Call us at **[phone number]**. You do not have to fill out another application.

**5. If I don't qualify now, may I apply again later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps or TANF. If you lose your job, your child may be able to get free or reduced price meals during the time you are unemployed.

**6. What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to: **[name, address, phone number]**.

If you have other questions or need help, call **[phone number]**.

*Si necesita ayuda, por favor llame al teléfono: [phone number].*

*Si vous voudriez d'aide, contactez nous au numero: [phone number].*

Sincerely,

**[signature]**

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**Your child may qualify for free or reduced price meals if your household income falls within the limits on this chart.**

<b>FEDERAL INCOME CHART</b> For School Year _____			
Household size	Yearly	Monthly	Weekly
1			
2			
3			
4			
5			
6			
7			
8			
Each additional person:			

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**Privacy Act Statement: This explains how we will use the information you give us.**

The National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. The Social Security Number of the adult household member who signs the application is required unless you list a Food Stamp or TANF case number for your child, OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We WILL use your information to see if your child is eligible for free or reduced price meals, to run the program, and to enforce the rules of the program. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into misuse of program rules.

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**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.** In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

## FREE AND REDUCED PRICE SCHOOL MEALS APPLICATION

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### Part 1. Child in School (Everyone must fill out this part)

You must list the name of your child in school. List school name, grade, and Food Stamp or TANF case number (if any). Use a separate application for each child.

Name of child in school (First, Middle Initial, Last)	School Name	Grade	Food Stamp or TANF case # (if any)

If you listed a Food Stamp or TANF case number for your child, skip to Part 4.

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### Part 2. Foster Child (Fill out this part only if this application is for a foster child)

If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income: \$\_\_\_\_\_ Now skip to Part 4.

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### Part 3. Total Household Income From Last Month (Fill out this part only if you don't get Food Stamps or TANF and if this application is not for a foster child)

Follow the instructions carefully to report household income from last month.

**Column 1—Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children. Attach another sheet of paper if you need to.

**Column 2—Last month's income and how often it was received:** List the types of income your household got last month and how often you got them. *Employment Income:* List the **gross income** each person earned last month, **OR** each person's normal monthly income. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often you got it (weekly, every other week, twice a month, or monthly).

For example, if the amount of your paycheck before deductions is \$300, write:

- \$300/monthly if you are paid once a month
- \$300/twice a month if you are paid *two times a month* (such as on the 1<sup>st</sup> and 15<sup>th</sup> day of the month)
- \$300/every other week if you are paid *every two weeks* (such as every other Friday)
- \$300/weekly if you are paid *every week*

*Other Income:* List the total amount each person got last month from **all other sources**. Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it.

**Column 3—Check if no income:** If the person does not have any income, check the box.

1. Name (List everyone in your household)	2. Income from last month and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
(Example) Jane Smith	\$200/weekly	\$50/weekly	\$100/monthly	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>

#### Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application and list his or her Social Security Number if the application includes income information. (If the application includes a Food Stamp or TANF case number, or if the child is a foster child, a Social Security Number is not necessary.) If you do not have a Social Security Number, you must mark the "I do not have a Social Security Number" box.

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information on the application. I also understand that if I purposely give false information, my child may lose meal benefits, and I may be prosecuted.*

Sign here: X \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ ☐ I do not have a Social Security Number

#### Part 5. Child's race and ethnic identity (Optional)

(You don't have to answer, but it helps us make sure everyone is treated fairly.)

Mark one or more racial identities:

- ☐ Asian
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

Mark one ethnic identity:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

**Return this application to [name and address].**

**Don't fill out this part. This is for school use only.**

Monthly Income Conversion: Weekly x 4.33, Every 2 Weeks x 2.15, Twice A Month x 2

Monthly Income: \_\_\_\_\_ Household size: \_\_\_\_\_ FS/TANF: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Reason: \_\_\_\_\_

Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **ANSWERS TO OTHER QUESTIONS YOU MAY HAVE ABOUT APPLYING**

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- 1. Do I have to fill out this application?** No. You do not have to fill out this application unless you want to apply for free or reduced price meals for your child.
- 2. Should I fill out an application if I got a letter this school year saying my child has been approved for free or reduced price meals?** Please read the letter you got carefully and follow the instructions. Call the school at **[phone number]** if you still have questions.
- 3. Who can I apply for?** You may apply for any child in your household who attends a school serving meals under the National School Lunch Program or School Breakfast Program.
- 4. May I apply if someone in my household is not a U.S. citizen?** Yes. You do not have to be a U.S. citizen to qualify for free or reduced price meals.
- 5. Will my child be treated differently because he or she gets free or reduced price meals?** No. Your child will not be identified or treated differently from children who pay full price for meals.
- 6. What if some of my children get Food Stamps or TANF and others don't?** On the application, fill out Part 1, listing Food Stamp or TANF case numbers for those children who get them. Fill out Part 3, giving the names of all household members and the income each got last month. Under "Income" include the TANF payments your household gets, but not the value of the Food Stamps. Sign the application and give your Social Security Number.
- 7. If I no longer get Food Stamps or TANF, can I list my old case number?** No. Only a current Food Stamp or TANF case number can be used on this application.
- 8. May I use my EBT number to get free meals?** No. You must use your current Food Stamp case number. Contact your caseworker if you do not know your number.
- 9. Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children.
- 10. What if my income last month was more or less than normal?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.



## SHARING INFORMATION WITH MEDICAID/SCHIP

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Dear Parent/Guardian:

If your child gets free or reduced price school meals, he or she may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and SCHIP that your child is eligible for free or reduced price meals, unless you tell us not to.** Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your child (Filling out the Free and Reduced Price School Meals Application does not automatically enroll your child in health insurance).

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send in (Sending in this form will not change whether your child gets free or reduced price meals).

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- ☐ Yes! I **DO** want information from my Free and Reduced Price School Meals Application shared with Medicaid and the State Children's Health Insurance Program.

**If you checked yes, stop here. You do not have to complete or send in this form. We will share your information automatically.**

- ☐ No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

**If you checked no, fill out the form below.**

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Address: \_\_\_\_\_

For more information, you may call [name] at [phone].

**Return this form to: [address] by [date].**

## SHARING INFORMATION WITH OTHER PROGRAMS

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Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your child may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your child gets free or reduced price meals.**

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- ☐ No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

**If you checked no, stop here. You do not have to complete or send in this form. Your information will not be shared.**

- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

**If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.**

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

For more information, you may call **[name]** at **[phone]**.  
**Return this form to: [address] by [date].**

## WE MUST CHECK YOUR APPLICATION

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School: \_\_\_\_\_ Date: \_\_\_\_\_

Dear \_\_\_\_\_:

Your Free and Reduced Price School Meals Application has been selected to be checked. Federal rules require that we do this to make sure only eligible children get free or reduced price meals. You must send us information to prove that **[name of child]** is eligible.

**Send EITHER:**

1. Proof that you get Food Stamps or TANF for your child. Section 2 on page 2 shows what kind of proof you should send. See section 1 for foster children.

**OR:**

2. Name and Social Security Number\* of each adult household member and proof of your household's current income. Section 3 on page 2 shows what kind of proof you should send.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

**You must send the information we need, or contact [name] by [date], or your child will stop getting free or reduced price meals.**

**Send information to: [address].**

If you have questions or need help, please call **[name]** at **[phone number]**.

Sincerely,

**[signature]**

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\*Privacy Act Statement: You must give the Social Security Number of each adult household member or mark the "No Social Security Number" box. This is required by Section 9 of the National School Lunch Act. We may use the Social Security Number to check the information you provide about your household income. You do not have to give your Social Security Number or mark the "No Social Security Number" box, but if you do not, your child will stop getting free or reduced price meals.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

## WHAT YOU NEED TO SEND US

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### 1. If your child is a Foster Child:

Send us official documentation from the agency sponsoring the child.

### 2. If you get Food Stamps or TANF for your child, send us a copy of one of these:

- Food Stamp or TANF Certification Notice that shows dates of certification.
- Letter from Food Stamp or Welfare Office that says you get Food Stamps or TANF.
- ATP Card (Authorization To Participate) with an expiration date. (Do not send your EBT card.)

If you *no longer* get Food Stamps or TANF for your child and want to find out if your child can continue to get free or reduced price meals:

- A. Complete another Free and Reduced Price School Meals Application with income information for everyone in your household,
- B. Write the name and the Social Security Number of each adult household member below or on another piece of paper, and
- C. Send pay stubs or other papers that show your household's current income.

### 3. If you do not get Food Stamps or TANF for your child:

- A. Write name and Social Security Number of each adult household member below.

Name	Social Security Number (See Privacy Act Statement, p1)	No Social Security Number
_____	__ __ __ - __ __ - __ __ __ __	<input type="checkbox"/>
_____	__ __ __ - __ __ - __ __ __ __	<input type="checkbox"/>
_____	__ __ __ - __ __ - __ __ __ __	<input type="checkbox"/>
_____	__ __ __ - __ __ - __ __ __ __	<input type="checkbox"/>
_____	__ __ __ - __ __ - __ __ __ __	<input type="checkbox"/>

- B. Send this page along with papers that show the amount of money your household got last month from each source.

The papers you send must show the **name** of the person who received the income, the **date** it was received, **how much** was received, and **how often** it was received.

#### Acceptable papers include:

**Jobs:** Current paycheck stub or pay envelope that shows how often pay is received; letter from employer stating gross wages and how often they are paid; or business or farming papers, such as ledger or tax books.

**Social Security, Pensions, or Retirement:** Social Security retirement benefit letter, statement of benefits received, or pension award notice.

**Unemployment, Disability, or Worker's Comp:** Notice of eligibility from State employment security office, check stub, or letter from Worker's Compensation

**Welfare Payments:** Benefit letter from welfare agency.

**Child Support or Alimony:** Court decree, agreement, or copies of checks received.

**Other income (such as rental income):** Information that shows the amount of income received, how often it is received, and the date received.

**No income:** A brief note explaining how you provide food, clothing and housing for your household, and when you expect an income.

## WE HAVE CHECKED YOUR APPLICATION

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School: \_\_\_\_\_ Date: \_\_\_\_\_

Dear \_\_\_\_\_:

We checked the information you sent us to prove that **[name of child]** is eligible for free or reduced price meals and have decided that:

- ☐ Your child's eligibility has not changed.
- ☐ Starting **[date]**, your child's eligibility for meals will be changed **from reduced price to free** because your income is within the free meal eligibility limits. Your child will receive meals at no cost. You must tell the school when your household income goes up by more than \$50 per month (\$600 per year) or when your household size goes down.
- ☐ Starting **[date]**, your child's eligibility for meals will be changed **from free to reduced price** because your income is over the limit. Reduced price meals cost **[\$]** for lunch and **[\$]** for breakfast. You must tell the school when your household income goes up by more than \$50 per month (\$600 per year) or when your household size goes down.
- ☐ Starting **[date]**, **your child is no longer eligible** for free or reduced price meals for the following reason(s):
  - \_\_\_ Records show that you are not receiving Food Stamps or TANF at this time.
  - \_\_\_ Your income is over the limit for free or reduced price meals.
  - \_\_\_ You did not provide: \_\_\_\_\_
  - \_\_\_ You did not respond to our request.

Meals cost **[\$]** for lunch and **[\$]** for breakfast. If your household income goes down or your household size goes up, you may apply again. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with **[name]** at **[phone]**. You also have the right to a fair hearing. If you request a hearing by **[date]**, your child will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: **[name]**, **[address]**, **[phone number]**.

Sincerely,

**[signature]**

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**Non-Discrimination Statement:** This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

## VERIFICATION TRACKER FOR SCHOOL USE

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Date Verification Notice Sent: \_\_\_\_\_

Date Response Due from Household: \_\_\_\_\_

Date Second Notice Sent (or N/A): \_\_\_\_\_

Approval Based On:

☐ Food Stamp/TANF Case Number

☐ Household Size and Income

Verification Result:

☐ No Change

☐ Free to Reduced

☐ Free to Paid

☐ Reduced to Free

☐ Reduced to Paid

Reason for Change:

☐ Income: \_\_\_\_\_

☐ Household Size: \_\_\_\_\_

☐ Change in Food Stamp/TANF

☐ Did not respond

☐ Other: \_\_\_\_\_

Date Notice of Change Sent: \_\_\_\_\_

Date Change Made: \_\_\_\_\_

Date Hearing Requested: \_\_\_\_\_

Hearing Decision: \_\_\_\_\_

Verifying Official's Signature: \_\_\_\_\_

Date: \_\_\_\_\_